

WA State Department of Health TB Program Case Report (Green) Form Instructions

Date Submitted	Indicate the date case report was submitted by the local health jurisdiction.
Address	<p>Indicate the city, county, and zip code of the patient's residence. To the extent possible, the address should represent the home address (whether permanent or temporary) of the patient.</p> <p>Patients who are residents of long term care facilities or correctional facilities at the time of diagnosis should be counted in the area in which the facility is located, and the city, county and zip code of the facility should be provided for the address.</p> <p>Homeless persons or others without any fixed residence should be counted in the community in which they are living at the time of diagnosis (e.g., the locality of the shelter in which the patient is living). Provide the city, county and zip code of that locality.</p>
Ethnic Origin	<div>Note: The answer to this question should be based on the individual's self identity or that of the parent if a child.</div> <p>Check Hispanic if the patient considers himself to be of Spanish, Hispanic, or Latino origin. Persons who are from any of the countries of Central or South America, Mexico, Puerto Rico, Cuba or the Dominican Republic are likely to consider themselves Hispanic. Check Not Hispanic if the patient does not consider himself to be Hispanic.</p>
Status at Diagnosis of TB	Check alive if the patient was alive at the time of diagnosis. Patients whose TB was suspected and who were started on at least two antituberculosis drugs prior to the day of death are classified as alive at the time of diagnosis even though the case may not be verified and counted until after death. Check dead if the patient was deceased at the time the investigation of possible TB was initiated. Patients who were only on one antituberculosis drug prior to the day of death because TB disease was not suspected, and who were then diagnosed with TB after death are classified as dead at the time of diagnosis.
Country of Origin	Check the "U.S." box if the patient was born in the United States or born overseas to U.S. parents (e.g., born on a military installation). For this question, outlying U.S. territories (e.g., Puerto Rico, Guam, Virgin Islands) are not considered part of the United States; they should be listed as separate countries. Country of origin is the country in which the patient lived and probably held citizenship during the early years of life.
Month-Year Arrived in U.S.	If the patient was not born in the U.S., enter the month and year arrived in the U.S. If only the year of arrival is known, enter 99 for the month and then the 4-digit year. For example, if the patient arrived in 1963, but the month cannot be determined, enter "99 1963."

Previous Diagnosis of Tuberculosis

Check **yes** if the patient has had a previous diagnosis of TB. A patient is considered to have had a previous diagnosis of TB if he had verified disease in the past, had been discharged (e.g., completed therapy) or lost to supervision for more than 12 consecutive months, and has verified disease again. If **yes**, provide the year in which the patient's previous episode of disease was diagnosed. For example, if the patient was diagnosed in 1985, was discharged or lost to supervision in 1986, and is found to have verified disease again in 1994, enter the number "85" in the boxes provided. If the patient had more than one previous episode, enter the year of the most recent previous episode, and check the "If more than one previous episode, check here" box. Check **no** if the patient has not had a previous diagnosis of TB.

Major Site of Disease

Check the box corresponding to the one major site of disease. Lymphatic: Intrathoracic includes hilar, bronchial, mediastinal, peritracheal, and other lymph nodes within the thorax.

Note: If the patient has **miliary** tuberculosis, check **miliary** in question 15 and do not complete question 16, **Additional Site of Disease**.

If the major site is **other**, specify the site.

Additional Sites of Disease

If the patient's TB is known to affect additional sites, mark all the appropriate boxes. If an additional site is **other**, specify site.

Tuberculin (Mantoux) Skin Test at Diagnosis

Indicate the result of the Mantoux (tuberculin, PPD) test performed during the diagnostic evaluation. **Positive** indicates that the patient is probably infected with *M. tuberculosis*.

Negative means that the skin test did not meet current criteria for a positive test.

Indicate **unknown** if it is not known whether the skin test was performed, or if the results are not known.

In addition to the above, indicate the millimeters of induration in the space provided. If the available skin test result indicates only that the result was "positive" or "negative," but does not give the millimeters of induration, indicate whether the test is recorded as positive or negative and code the millimeters of induration as "99."

Note: If skin testing was not performed during the current diagnostic evaluation because the patient has a history of a past positive tuberculin skin test, **AND** the previous positive test is documented in the medical record, the previous positive test result may be reported in this field. Patient self-report of a previous positive PPD is not acceptable. A history of a previous negative tuberculin skin test, whether documented or not, and patient self-report of negative previous or current skin test are not acceptable.

Sputum Smear

Note: If several examinations have been done, check **positive** if any one is positive for acid-fast organisms.

Sputum includes spontaneous and induced sputum. Do not include the results of microscopic examination of pulmonary secretions obtained by tracheal suction, bronchoscopy procedures (e.g., bronchial washing, scrapings, biopsies), or gastric aspiration.

Check **negative** if the results of all examinations (or the only examination) were negative.

If the results are **pending**, check the appropriate box.

Check **not done** if a sputum smear is known not to have been done.

Fill in the **date collected** and **date result received** from the testing laboratory.

Sputum Culture

Note: Positive culture means positive for *M. tuberculosis* (*M. tb*) complex. If the culture grows organisms other than *M. tb*, *M. bovis* or *M. africanum*, check **negative**. If several examinations have been done, check **positive** if any one is positive for *M. tb* complex.

Check **negative** if the results of all examinations (or the only examination) were negative for *M. tb* complex.

If the results of the culture are pending, check the appropriate box.

Check **not done** if a sputum culture is known not to have been done.

Fill in the **date collected** and **date result received** from the testing laboratory.

Biopsy Specimens for histopathology and culture

Note: Write **positive** if any tissue (bone marrow, cervical lymph node, etc.) other than sputum or other fluids was positive for acid-fast organisms.

Write **negative** if any such exams were negative for acid-fast organisms.

If the results of the microscopic exam are incomplete, write in under the appropriate column.

Chest X-Ray

Indicate the result of the chest radiograph taken during the diagnostic evaluation. If abnormal, indicate if any of the chest radiographs obtained at any time during this episode of TB showed a cavity or cavities, was noncavitary consistent with TB, or was noncavitary not consistent with TB. If abnormal, also indicate if a series of chest radiographs initially show the disease to be **stable**, **worsening**, or **improving**.

Check **not done** if chest radiographs are known not to have been done.

Check **unknown** if it is not known if chest radiographs were done, or if the results of chest radiographs are unknown.

Do not update chest radiograph information throughout the course of patient follow-up. For instance, if initial radiographs show the patient's disease to be worsening, but late improving in response to therapy, check **worsening** on the form. Do not update **worsening** to **improving** in response to therapy. Similarly, do not change an **abnormal** radiograph to **normal** because it resolved during therapy. Note X-ray changes on the Update (orange) Report.

Status: mark unknown if no comparison available.

Initial Drug Regimen: Indicate the drug regimen initially prescribed for treatment of the disease.

Check box of the drug known to be part of the initial regimen. If it is not feasible to determine the initial regimen of at least two week duration, record the initial regimen on which the patient was known to have been placed. Record the date treatment began.

If the patient was put on DOT, check **Supervised**.

If medications are self-administered and patient not observed ingesting medication, check **Unsupervised**.

Check the appropriate **Frequency** drugs are taken. Specify if Other.

Risk Factors for TB within Past 12 months: Homeless, IV Drug Use, Non-IV Drug Use, Excess Alcohol

A **homeless** person may be defined as:

- (1) An individual who lacks a fixed, regular, and adequate nighttime residence,
or
- (2) An individual who has a primary nighttime residence that is:
 - (a) A supervised publicly or privately operated shelter signed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill;
or
 - (b) An institution that provides temporary residence for individuals intended to be institutionalized;
or
 - (c) A public or private place not designated for, or ordinarily used as, a regular sleeping accommodation.

A **homeless** person may also be defined as a person who has no home, e.g., is not paying rent, does not own a home, and is not steadily living with relatives or friends. Another definition is a person who lacks customary and regular access to a conventional dwelling or residence. Included as homeless are persons who live on streets or in nonresidential buildings. Also included are residents of homeless shelters, shelters for battered women, welfare hotels, and single room occupancy (SRO) hotels which are not designated for permanent long-term housing.

Injecting Drug Use Within the Past Year: The purpose of collecting this information is to assess the patient's ability to adhere to antituberculosis drug therapy. Use of injecting drugs within the past year should be sought as an indicator of recent activity (e.g., when did the patient last inject drugs).

Injecting drug use involves the use of hypodermic needles and syringes for injection of drugs not prescribed by a physician. Route of administration may be intravenous, subcutaneous (skin popping), or intramuscular. Drugs injected may include: heroin or other opiates (demerol, dilaudid), cocaine, heroin and cocaine (speedball), amphetamines or other stimulants, PCP, LSD, or other hallucinogens, barbiturates, steroids or other hormones, other drugs or unknown drugs.

Check **yes** if it is known that the patient injected drugs within the past 12

months.

Check **no** if the patient has not injected drugs within the past 12 months.

Check **unknown** if it is not known if the patient injected drugs within the past 12 months.

Medical documentation or other indices of a history of enrollment in a drug treatment program (e.g., methadone detoxification, methadone maintenance, outpatient drug free, residential or inpatient, halfway house, prison or jail treatment, narcotics anonymous, cocaine anonymous, or other self help), medical or laboratory documentation of injecting drug use (e.g., urine testing, if done), or physical evidence (e.g., needle tracks) may be useful in answering this question.

Non-Injecting Drug Use Within Past Year: The purpose for collecting this information is to assess the patient's ability to adhere to antituberculosis drug therapy. Use of non-injecting drugs or illicit drugs within the past year should be sought as an indicator of recent activity (e.g., when did the patient last use non-injecting drugs).

The intent of this question is not to require a detailed systematic interview of each patient but to identify those patients whose drug use might interfere with their ability to complete antituberculosis drug therapy.

Note: Alcohol is <u>not</u> included as a drug in this section.

Non-injecting drug use involves the use of licensed or prescription drugs or illegal drugs that were not injected and were not prescribed by a physician. The drugs may be ingested, inhaled, or smoked. Non-injected drugs may include: heroin or other opiates (demerol, codeine, dilaudid, or non-prescription methadone), cocaine (snorting), crack (smoking cocaine), ingested amphetamines (speed, uppers, bennies), ice or glass (smoking amphetamine), Valium or other benzodiazepams, PCP, LSD, or other hallucinogens, barbiturates, marijuana, hashish, or THC (weed, grass, reefers), nitrates (poppers, rush, hardware), inhalants (gasoline, spray paint), steroids, other drugs, or unknown drugs.

Check **yes** if it is known that the patient used non-injecting drugs within the past 12 months.

Check **no** if the patient did not use non-injecting drugs within the past 12 months.

Check **unknown** if it is not known whether the patient used non-injecting drugs within the past 12 months.

A history of enrollment in a drug treatment program (e.g., outpatient drug free, residential or inpatient, halfway house, prison or jail treatment, cocaine anonymous, or other self help), as well as medical or laboratory documentation of drug use (e.g., urine toxicology), may be useful in answering this question.

Since the patient interview for non-injecting drug use is often negative initially, it may be necessary to inquire of the patient at multiple visits and consider urine toxicology.

Excess Alcohol Use Within the Past Year: This information is intended to assess the patient's ability to adhere to antituberculosis drug therapy and/or

nutrition and absorption factors. Since the patient interview for excess alcohol use is often negative initially, it may be necessary to inquire of the patient at multiple visits.

Check **yes** if the patient has used alcohol to excess within the past 12 months.

Check **no** if the patient has not used alcohol to excess within the past 12 months.

Check **unknown** if it is not known if the patient used alcohol to excess within the past 12 months.

Reliable indicators of excess alcohol use include participation in Alcoholics Anonymous or alcohol treatment programs (e.g., outpatient, residential or inpatient, halfway house, prison or jail treatment, or other self help). There are also numerous screening instruments that can be helpful in identifying persons who may use alcohol to excess.

A multiple option approach to identifying excess alcohol use may also be useful, and includes: (a) a description by the patient, the patient's family or acquaintances, or a health care provider of chronic, high intake of alcohol with behavior associated with alcohol abuse; or (b) repeated visits to health care facilities during which alcohol intoxication was observed; or (c) report of alcohol use coupled with the existence of organic, alcohol-related disease (e.g., pancreatitis, cirrhosis); or (d) a diagnosis of alcoholism on available medical records (e.g., discharge summaries or medical referral information).

**Resident of
Correctional Facility
at Time of Diagnosis**

Check **yes** if the patient was an inmate of a correctional facility at the time when the TB diagnosis evaluation was performed.

If **yes**, indicate the type of institution:

A **federal prison** is a confinement facility administered by a federal agency.

A **state prison** is a confinement facility administered by a state agency.

A **local jail** is a confinement facility usually administered by a local law enforcement agency, intended for adults but sometimes also containing juveniles, which holds persons detained pending adjudications and/or persons committed after adjudication for sentences of usually a year or less. Temporary holding facilities, or lockups, that do not hold persons after being formally charged in court are excluded. Both city and county jails are included in this category. Federal and state prisoners who are boarded at local jails should be reported as residents of the local jail.

A **juvenile correctional facility** is a public or private residential facility, including juvenile detention centers, reception and diagnostic centers, ranches, camps, farms, and halfway houses or group homes. The juveniles served by these facilities include those accused or adjudicated as delinquents; status offenders (runaways, truants, or incorrigibles); and those committed or detained for treatment of abuse, dependency, neglect, or other reasons. Juveniles should be reported as residents of the sites at which they are boarded.

Other correctional facility includes: federal detention centers run by the Immigration and Customs Enforcement (ICE), Native American reservation facilities, military stockades and jails, federal Park Police facilities, privately operated state and local correctional facilities, and police lockups (temporary-holding facilities for persons who have not been formally charged in court).

Resident of Long-Term Care Facility at Time of Diagnosis

Note: The state licensing agency for long-term care facilities can assist in determining under which of these categories a facility is classified.

Check **yes** if the patient was a resident of a long-term care facility at the time the TB diagnostic evaluation was performed.

Nursing home: A facility having 3 beds or more is classified as a nursing home if it meets one or more of the following criteria:

- ☐ Certified as a skilled nursing facility, or
- ☐ Certified as an intermediate care facility, or
- ☐ Not certified, but licensed as a nursing home, or
- ☐ Identified as a nursing care unit of a retirement center, or
- ☐ Determined to provide nursing or medical care and/or provide supervision over medications that may be self-administered.

Hospital-based facility: A facility having 3 beds or more is classified as hospital-based if it meets one or more of the following criteria:

- ☐ Was identified as such by the Health Care Financing Administration, or
- ☐ Reported itself to be exclusively hospital-based on the ILTCP (Inventory of Long-Term Care Places) questionnaire.

Note: Hospital-based facilities are DOH-licensed, not DSHS.

Residential facility: A facility having 3 beds or more is classified as a residential facility if it meets both of the following criteria:

- ☐ Was not classified as a nursing home or hospital-based facility as described above, and
- ☐ Provided personal care or supervision to its residents in addition to room and board (for example, help with bathing, dressing, eating, walking, shopping, or corresponding).

Included under residential facilities are:

- ☐ Homes for mentally-retarded or developmentally-disabled persons.
- ☐ Board and care homes (such as residential care homes, group homes, homes for the aged, family care homes, adult foster care homes, personal care homes, adult congregate living facilities, residential community care facilities, and domiciliary care homes).

Mental health residential facility includes: State and local mental hospitals, private psychiatric hospitals, non-federal general hospitals with separate psychiatric services, VA medical centers, multiservice mental health organizations with residential treatment programs, and residential treatment centers for emotionally disturbed children. Excluded are other federal psychiatric facilities, such as those of the Department of Defense, Bureau of Prisons, Public Health Service, and Indian Health Service. Also excluded are Native American facilities which are not federal.

Alcohol or drug treatment facility includes only long term

rehabilitation/residential facilities designed for treatment of 30 days or longer. Excluded are: all ambulatory or outpatient facilities, hospital inpatient detoxification units, free-standing residential detoxification units, hospital inpatient units not for detoxification, and short-term rehabilitation/residential units designed for less than 30 days of treatment. The state alcohol and drug treatment agency can assist in determining if a facility is considered residential.

Other long-term care facility includes facilities not mentioned above which are designed for treatment of 30 days or longer.

Initial Drug Regimen: Indicate the drug regime initially prescribed for treatment of the disease and taken for at least two weeks. The two-week requirement should eliminate most of the record updates necessitated by changes in regime when treatment is begun. Check yes box if the drug is known to be part of the initial regime. If it is not feasible to determine the initial regimen of at least two weeks duration, record the initial regimen on which the patient was known to have been placed.

Occupation

Check all that apply within the past 24 months.

Health Care Worker includes any person who as worked in a medical facility (e.g., hospital, clinic, health maintenance organization, infirmary, dispensary, long-term care facility, dental office, drug treatment center, medical laboratory, morgue, etc.) within the 24 months before the TB diagnostic evaluation was performed. Also included are students, trainees and volunteers who spend time in a health care facility, as well as persons who deliver health care in the community (e.g., public health nurse, visiting nurse, outreach worker, etc.).

Correctional Employee includes any person who has worked in a correctional facility. The facility may be a federal or state prison, local jail, juvenile correctional facility, or detention facility.

Migratory Agricultural Worker includes any individual whose principal employment is in agriculture on a seasonal basis, and who establishes for the purpose of such employment a temporary place of abode. Excluded are seasonal agricultural workers who are not migratory agricultural workers.

Not Employed with Past 24 Months includes any person who was not employed for pay or outside the home during the entire 24 months before the TB diagnostic was performed. Persons may include a student, retiree, homemaker, or is institutionalized.

Other Occupation includes any person who has been employed for pay or outside the home at any job within the 24 months before the TB diagnostic evaluation was performed.

Check **unknown** if the employment history of the patient during the 24 months prior to the initiating of the TB diagnostic evaluation is not known.

HIV Status

HIV status is **positive** if the patient is tested for HIV and the laboratory result is interpreted as positive according to published criteria.

HIV status is **positive** if the patient has a documented medical history of a previous positive HIV test, or a previous diagnosis of HIV infection or AIDS.

If **positive**, check whether based on **medical documentation**.

Check **Medical documentation** if an HIV test reported by a laboratory is positive, a physician or health department record indicates that the patient is HIV positive, or if AIDS or other manifestations of HIV infection are

documented in medical records.

HIV status is **negative** if the patient has had a documented negative HIV antibody test within the past 6 months before diagnosis evaluation for TB. Patient history that an HIV test result was negative is not acceptable. Such patients should be offered the opportunity to be tested for HIV.

HIV status is **refused** if the patient was offered the test at the time of the TB diagnostic evaluation, but declined to be tested.

HIV status is **not offered** if the patient was not offered the test at the time of the TB diagnostic evaluation.

HIV status is **test done, results unknown** if the patient has been tested and the results are not yet known to the TB program.

HIV status is **unknown** if it is not known if the patient has had an HIV antibody test, or was ever offered a test.

Update Report (Orange Form) Only

Use the update report for changes or updates in name, address, diagnostic information (i.e., treatment regimen, HIV test results), CXR, etc.

Drug Regimen

Use this section to update treatment regimens after the initial treatment regimen has been changed (e.g., the initial 4-drug treatment was changed to Isonizid and Rifampin eight weeks after treatment began. Check Isonizid and Rifampin and write in the date patient began taking just those two drugs). Update any future changes in a similar fashion.

Date Therapy Stopped

Enter the two digit month, day and year of the date the patient stopped taking therapy for TB of suspected TB. The time period represented by the interval between Date Therapy Started (page 4-5) and Date Therapy Stopped is meant to encompass the entire period (including interruptions in therapy) that the patient was receiving medication to treat TB disease or suspected TB. Treatment with anti-TB medications of disease caused by mycobacteria other than *M. tb* complex (i.e., mycobacteria other than *M. tb*, *M. bovis*, and *M. africanum*) should not be included in the time period from Date Therapy Started to Date Therapy Stopped.

Consider the following: A patient with suspected TB starts therapy on March 13, 1994. The culture obtained at the time of the diagnostic evaluation is returned on April 12, 1994 having grown *M. avium*. If therapy is continued to treat the *M. avium*, Date Therapy Stopped should still be completed to reflect that treatment for TB was stopped because TB disease was ruled out. In this example, Date Therapy Stopped should be April 12, 1994. Alternatively, the date that the laboratory identified the organism as not *M. tb* complex should be used.

For patients being treated for TB disease or suspected TB, Date Therapy Stopped should be completed as outlined below:

- 1) Date that the patient last ingested medication;
or
- 2) Date that the medication dispensed to the patient would have run out, if the patient had taken all the medication;
or
- 3) Date that the medication prescribed to the patient would have run out, if the patient had taken all the medication from the date of prescription.

Date of last ingestion is the preferred date for this field. If date of ingestion is not known, enter the date that the medication would have run out, based on the date of dispensation. If neither of the above dates is known, enter the date that the medication would have run out based on the date of prescription. While there may be interruptions in antituberculosis drug therapy, the final date when the patient took medication for TB disease or suspected TB should be given. Date Therapy Stopped should be updated if a patient is lost to follow-up and then returns and completes therapy. Patient history without medical

documentation is not acceptable.

If an exact date cannot be determined based on the above guidelines, a partial date may be entered in this field. The 2-digit “month” and “year” of the date must be valid values, but “99” may be entered for the 2-digit “day” of the date if the exact day therapy was stopped is not known. For example, if after following the above guidelines an exact Date Therapy Stopped cannot be determined, enter “08/99/94” on the form for a patient known to have started therapy in August of 1994. If the month or year therapy stopped is not known, enter “99/99/99” on the form.

Reason for Closure

Provide the primary reason that therapy was ended and not resumed. This question should be completed when the case is closed. If the case is reopened (e.g., patient lost the follow-up is found, restarts therapy, and completes therapy), the Case Completion Report form should be updated (e.g., to reflect that the patient completed the therapy).

Check **completed therapy** if the patient successfully completed the prescribed course of therapy.

Check **moved** if the patient moved to another jurisdiction with a known forwarding address before treatment was completed. See discussion of Transfer Cases on page 2 of this section for surveillance data requirements for persons with TB who moved from one reporting area to another.

Check **lost** if the patient cannot be located prior to the completion of treatment (e.g., the patient moved to an unknown location).

Check **uncooperative or refused** if the patient refused to complete therapy (e.g., stopped taking drugs). If patient restarts treatment, the Case Completion Report form report should be updated as appropriate.

Check **not TB** if the completed diagnostic evaluation determined that the diagnosis of TB is not substantiated (e.g., *M. avium* is isolated from a clinical specimen).

Check **died** if the patient died before therapy was completed. Indicate whether death was TB related by checking the appropriate box and provide date of death.

Check **unknown** if the reason that therapy stopped is not known.

Sputum Culture Conversion Documented

Provide information on sputum culture conversion only for patients with initially positive sputum cultures.

Note: Do not complete this question if the patient was not sputum culture positive. Do not complete this question for patients without initially positive sputum cultures who have positive cultures from other pulmonary specimens (e.g., bronchoscopy fluid).

For **Sputum Culture Conversion Documented**, check **unknown** if the results of all follow-up cultures are unknown, or if it is not known if follow-up cultures were obtained.

Check **yes** if a patient had an initially positive sputum culture followed by one or more consistently negative sputum cultures.

Check **no** if a patient with an initially positive sputum culture had no subsequent negative sputum culture (e.g., all follow-up cultures were positive,

patient could not produce sputum after therapy started, or no follow-up sputum cultures obtained).

Provide date codes for **Date Specimen Collected on Initial Positive Sputum Culture** only for patients who had one or more positive sputum cultures and who subsequently had one or more negative cultures documented. This information may be available from medical records or laboratory reports. A complete date is required. Partial dates are not acceptable. If the month, day and year the first positive sputum culture was obtained are not all known, enter “99/99/99” on the form.

Provide **Date Specimen Collected on First Consistently Negative Culture** only for patients who had one or more positive sputum cultures and who subsequently had at least one documented negative culture. This date should be at least 1 week after the last positive culture was obtained. There should be no positive cultures after this date. This information may be available from medical records or laboratory reports. A complete date is required. Partial dates are not acceptable. If the month, day, and year the first consistently negative sputum culture was obtained are not all known, enter “99/99/99” on the form.

Type of Health Care Provider

Check **Health Department** if all outpatient care was provided by the state or local health department (e.g., TB program, primary care clinics, field nurses, outreach workers, etc.).

Check **Private/Other** if all care (except for contact investigation and dispensing of medication) was provided by non-health department providers, such as: private providers, hospital, correctional institution, long-term care facility, federal program, Veteran’s Administration, alcohol or drug treatment programs, or other health care providers that are not part of the state or local health department.

Check **Both Health Department and Private/Other** if sectors were involved in care of the patient (e.g., private provider cares for patient who receives diagnostic tests and/or directly observed therapy from the health department, etc.). Also enter both if the patient was initially under health department care and was subsequently under private/other care (or vice versa).

Directly Observed Therapy

Directly observed therapy (DOT) or supervised therapy involves the direct visual observation by a health care provider (e.g., outreach worker or nurse) or other reliable person (e.g., homeless shelter worker, school nurse, pharmacist) of a patient’s ingestion of medication. Observation by a family member and delivering medication to a patient without visual confirmation of ingestion do not constitute DOT.

Confirmation that the medication has been swallowed may sometimes be necessary. Using such techniques as having the patient swallow a glass of water or talk following ingestion, inspecting the oral cavity with the tongue raised by the patient, or using a tongue blade to inspect between the cheek and the gums are helpful in determining if the medication has been swallowed. DOT regimens may be administered daily, three times a week, or twice weekly.

For **directly observed therapy**, check **no, totally self administered** if no doses of medication were given under supervision.

Check **yes, both directly observed and self-administered** if one or more doses of medication were given under supervision and one or more doses were not.

Check **unknown** if it is not known whether any doses of medication were given under supervision.

If any medication was administered under DOT, indicate the **site(s) of directly observed therapy**.

Check **in clinic or other facility** if DOT was given at a health department of private provider facility (e.g., TB clinic, community health center, migrant clinic, drug treatment center, hospital outpatient setting, HIV/AIDS clinic) or at an institution, such as a nursing home or correctional facility.

Check **in the field** if DOT was given solely outside a facility, such as at the patient's home, work, or other site.

Check **both in facility and in the field** if both were used (e.g., patient received DOT at clinic and in the field when patient did not show up at the clinic).

Check **unknown** if the sites of DOT are not known.

For number of weeks of directly observed therapy, write the total number of calendar weeks (Sunday through Saturday) that the patient received the following minimum amounts of medication under supervision in clinic or other facility or in the field:

For patients on a twice-weekly DOT regimen, count the week only if both the week's doses were administered under DOT.

For patients on a daily DOT regimen, count the week only if five or more of the week's doses were administered under DOT.

If the patient does not receive the above minimum number of doses under DOT, do not count the week. The number of weeks of DOT indicated must be less than or equal to the number of weeks in the time period between Date Therapy Started and Date Therapy Stopped.

Comments

Additional space is provided at the bottom of the form to write comments regarding the case of tuberculosis reported on the Case Completion Report.